

Abel Care Ltd

# Abel Care Ltd

## Inspection report

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Date of inspection visit: 11 November 2015  
Date of publication: 05/01/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Abel Care is a domiciliary care service based in Ilford, Essex. The service is registered to provide personal care for people in their own home, within the county of Essex and other London areas. At the time of our inspection, the service provided a service to 20 people, who received personal care and support. The inspection was carried out on 11 November 2015 and was the first inspection since the service registered with the Care Quality Commission in May 2014.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some significant concerns about the systems that were in place within the service to monitor and manage the recruitment of staff and the care and support of people using the service. These represented a breach of regulations and were areas that required improvement.

# Summary of findings

People were positive about the service they received but some people were less positive. One person told us they felt safe and were happy with the service. They told us that “they are lovely; I have nothing to complain about”. Another person told us that the care staff “didn’t do much when they came”.

Staff were recruited and supported but some staff started employment without an adequate number of references being received for them. Staff received training and had undergone an induction to support them in their roles but many staff had still to complete all the training modules. Staff spoke positively about their roles and responsibilities and about the people they cared for. However, we did not see evidence that many team meetings had taken place regularly to discuss any issues and share best practice. We also did not see that staff were being supervised regularly through one to one meetings with the registered manager. This meant that staff were not being adequately supported to perform their roles.

The provider had policies and procedures in place relating to safeguarding, whistleblowing, medicines and staffing. Staff had an understanding of medicine handling and care workers’ skills, requirements and levels of competence were supported and monitored through induction and continued training.

Staff knew the people that they supported and provided personalised care. Care plans and risk assessments were reviewed every three to six months and they were carried out with other health professionals. People have a copy of their care plans in their home so that staff were also able to use them to carry out their care and support. There was not a system for the transfer of records from people’s homes to the service office to ensure that all records were complete from the start to the end of the service. Some records in the office were not updated.

Systems had been introduced that monitored the safety and quality of the service and gathered the views of people and their relatives. The service received positive comments and any issues and complaints were dealt with by the registered manager. People told us that they could speak to the registered manager. However, we did not see evidence of complaints being recorded.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 were identified. You can see what action we told the provider to take in the full version of the report. Summary of findings

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the care provided was safe.

Risks to people's safety were not always identified or recorded. There was not a consistent approach to monitoring people's care.

Staff were recruited for employment without fulfilling the requirements of the service's recruitment procedures

Requires improvement



### Is the service effective?

The service was not always effective.

The majority of staff training and refresher training had not been updated. Staff support, supervision and appraisals had not been completed regularly.

People were supported to access health care professionals where required.

People were able to choose the type of care that they received.

Requires improvement



### Is the service caring?

The service was caring.

Staff knew how to meet people's needs. People were supported with care that was compassionate and in consideration of their needs.

People's care was provided in privacy and with dignity.

Good



### Is the service responsive?

The service was not always responsive.

People were supported to be involved in their care. People were supported to access the provider's complaints procedure.

Complaints were received but they were not recorded and acted upon sufficiently.

Requires improvement



### Is the service well-led?

The service was not always well led.

People and staff told us that the registered manager was supportive and helpful. There were audits and surveys carried out but there were unsatisfactory systems in place to manage and monitor the service.

Regular staff meetings did not take place.

Requires improvement



# Abel Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 11 November 2015 and was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a small domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of two inspectors. Before the inspection, we reviewed the information that we held

about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. The service was registered with the Care Quality Commission in May 2014 but had not previously been inspected.

During the inspection, we spoke with three care workers, the registered manager and the office manager. As part of the inspection process we also spoke, by telephone, with four people who used the service and two relatives. We looked at documentation, which included six people's care plans, including risk assessments, five staff recruitment files, two staff training files and records relating to the management of the service.

# Is the service safe?

## Our findings

People felt safe. One person said “[Staff] are very nice people. They take care of me and do the things they are supposed to.” People said that staff arrived on time on most occasions. Another person said “they are polite and respectful.” However one person said that the service “was not great, they don’t do much when they come.”

Risk assessments were in place to ensure that care was delivered safely in people’s homes. However we found that not all risks were identified or managed safely. We looked at a care file which did not contain important information relating to a person’s condition. We saw that this information was recorded on a body map but not within the risk assessment. There was no recorded guidance for staff to follow to manage this particular condition despite the registered manager informing us that it “needed to be handled with extreme care and monitored”. There was an inconsistent approach to monitoring people’s care and there were records or reviews that were incomplete.

This put people at risk of receiving unsafe or inappropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff prompted people to use their medicines safely. Records showed that medicines were administered by a district nurse and the Community Palliative Care Team for people on End of Life Care. We looked at daily record notes and saw that people were being prompted to take their medicines.

We looked at staff files and found that staff that had been recently recruited to the service had not had their suitability to work with people fully assessed. Checks on their previous employment, recent photographic identity, satisfactory criminal records checks (Disclosure and Barring Service) and fitness and ability to do their job safely, were seen. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people who used the service. We looked at the service’s recruitment procedures, which stated that after candidates were interviewed and offered a role, they were able to

commence work once two satisfactory references were received, with at least one from a previous employer. However, in some cases, the service had not received at least two references from previous employers for new staff. This meant that the service was not compliant with its own recruitment procedures and had employed staff when all the required and essential recruitment checks were not satisfactorily completed. This put people at risk of receiving care in their own home from staff that were not safe or not suitable to carry out their role. We spoke with the registered manager about this and they assured us that any outstanding references would be pursued and received. We checked what other methods were in place to verify staff’s employment history and noted that there were copies of application forms, qualifications and contact numbers of previous employers included in the documents.

We looked at rotas and timesheets and saw that staff were able to cover shifts, take required breaks and complete tasks. We saw that timesheets were signed by people to confirm that they received support for the length of time stipulated on the timesheet. We noted that staff carried out tasks safely and appropriately and where two people were required to assist and support the person receiving care.

Staff had not updated or fully completed their safeguarding training but they were able to tell us about the different types of harm and abuse they needed to be aware of. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to. Staff were aware of the provider’s whistle-blowing policy and procedure. One care staff said, “We work together and make sure everything is ok.” Another said, “If I have any concerns I would report it straight away to my manager”. We noted that a recent safeguarding alert was raised by the registered manager, however we did not see evidence of what follow up actions had taken place to keep the person safe. The office manager showed us that the uniforms that care staff wore in people’s homes included an identification badge. We noted that there were no contact details on the badges for people to verify staff’s identity but saw that contact details were available in their care plans.

# Is the service effective?

## Our findings

People received care from staff that carried out their roles effectively. One person said the “staff know me well and do their job well.” We spoke with a relative of a person and they told us that “my mum’s carers were really good.” However, there was a lack of consistency in the level of care and support provided.

The registered manager told us that they had appointed two senior care staff to help undertake supervision meetings with care staff. We did not find any records of supervision or annual appraisals with new or longer serving members of staff and this meant that the service was not meeting the requirements of their supervision policy. All staff that we spoke with confirmed that formal supervision rarely took place or had not happened for a long time. Supervision consisted of informal discussions between care staff and senior care staff that were not recorded. This put people at risk of being supported by staff without the necessary skills to fulfil their role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported by the registered manager and received the necessary training to undertake their roles and responsibilities. New staff were able to shadow more experienced staff which meant that they had opportunities to learn and gain experience. We looked at the staff supervision policy and saw that staff were required to have supervision meetings with their manager at least four times a year. One staff member told us “I have regular meetings with my manager and also communicate on the phone in our group chat.” Another member of staff said “I am due supervision but I don’t know when it is.” Staff received a handbook when they began their employment which set out codes of practice, terms and conditions, the service’s philosophy and how to ensure they kept themselves and people safe. Staff confirmed that they had read the handbook and were familiar with it. This meant that staff were aware of their responsibilities.

Subjects covered in staff training during the induction process and throughout their employment included dementia awareness, infection control, Mental Capacity Act 2005 (MCA), safeguarding adults and risk management. Staff received classroom style training from an external training company, attend a local college and through

e-learning. We saw evidence that longer serving staff had attended the classroom training. However, we saw that only a small number of new staff had attended any training sessions or undertaken the e-learning training that they were scheduled to complete.

We found staff who were newly recruited had not completed mandatory training on subjects such as safeguarding people and medicines management. The service was employing twenty care staff. We saw a training schedule and saw that only one staff member had completed all of the modules. The registered manager told us that on line training was available and all staff were asked to complete all the modules by the end of the year. The registered manager stated that they would monitor staff progress so that their completion of the training was achieved. The registered manager told us that people who received ‘End of Life’ care were not allocated to any particular care staff. All care staff were expected to complete the e-learning training module ‘Life and Death & Dying’ but we did not see evidence that this had been completed. The registered manager told us that the service had introduced different staff training packages to suit different styles of learning. However, there was no method to regularly assess the competency of staff and this meant that people were at risk of not being safely supported.

People told us that staff arrived on time to deliver care in their home. However one relative said “sometimes they come late” and another relative said that her mother was receiving care from two members of staff but “the two care staff the service sent always came in late and were both arriving at different times.” The relative was concerned about the level of care being provided and made a complaint to the service. People also spoke positively about the service, the staff and the care and support provided. One staff member told us “I get the rota on time and can plan my day so that I am on time.” We spoke with a person who received care and support who said that “they are here when I need to take my insulin. They are always on time.”

We found that the registered manager, care and office staff had an understanding of the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When

## Is the service effective?

they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of what action to take if a person's capacity to make specific decisions had changed such as a change in the person's health. People were

provided with care if and when it was in their best interests. Staff knew when to respect people's choices. This showed us that staff had an understanding of when the MCA was applicable.

People told us that they were supported to access health care professionals including community nurses or a GP when needed. One person said, "They call a doctor or nurse when I need one." The registered manager and staff confirmed when referrals to health care professionals had been made. Records we viewed confirmed that there were health referrals to community nurses.

# Is the service caring?

## Our findings

People we spoke with were generally satisfied with their care. People told us that the staff were “nice, they talk to me and make me feel better.” One person said “I have no issues, they’re lovely and do things for me. I can have a laugh and a joke with them as well”

Staff had a good awareness and understanding of the individual preferences and care needs of people they supported. Staff also understood the need for developing relationships with people and the need to be aware of changes to people’s care needs. One staff member told us that they provided a night sitting service for someone in their home to ensure that they were safe and comfortable while they slept and were provided oxygen through a machine. They told us, “She is a strong person, she tells me what she wants and I listen and help. She is smart and can make choices.”

People were able to make decisions about their care and told us they “were involved in the care plans”. People told us that they had signed consent forms confirming they had received, understood and agreed the care they were provided. Staff told us that information was shared with the person receiving care and support. We looked at records held in the office and the registered manager told us that daily notes were brought to the office by the care worker on a weekly basis. Records held in the office for monitoring the quality of the service provided indicated when reviews were due, when they were completed and any subsequent

changes to their individual care plan. This ensured people received support which reflected their current care needs. However, we saw that most care plans were up to date but some care and support plans were not in place or not recorded. The registered manager informed us that they would ensure that all the information is recorded, whether the care is for short term or long term periods.

Staff received training to ensure that they understood the importance of respecting people’s dignity, privacy and rights. We saw that the training programme included such topics as End of Life Care, Customer Care and Being Open. People confirmed that staff treated them with respect. One person told us, “The care staff have had good training; they are very respectful all the time.” Another person said that their relative was given privacy and “looked after well, they listen to her and let her choose what she wants. They respect her dignity and make sure the door is closed”.

People who received short term care up to their End of Life were treated with dignity and respect. For example we saw that one person was given End of Life support by the service from two care staff. We saw that the support was provided by staff in a way that was caring and this was demonstrated when the relative asked them to be present at their loved one’s death. The daily notes contained records that the care staff arrived at the home of the person as requested.

This meant that staff were caring in the way they delivered care and support.

# Is the service responsive?

## Our findings

People told us that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People and their relatives told us they knew how to complain and would speak to “the manager or staff if there was something they were not happy with.”

The registered manager informed us that any concerns or complaints were taken seriously and acted upon. However, during our inspection we noted that the service did not have satisfactory systems in place to manage compliments and complaints. Despite having a clear and detailed policy and procedure, the registered manager said they did not currently hold a complaints file. The complaints that were received were dealt with, however we did not see any evidence of how the complaints were managed and recorded. The registered manager told us that these concerns had been raised by people, relatives and the district nursing team as part of quality monitoring processes set by Clinical Commissioning Groups (CCG). We looked at records of any incidents and saw that there were none filed separately to record what action was taken, despite descriptions of incidents that took place that were included in some people's daily notes.

We viewed a care file and noted that a complaint was received from a relative about the treatment of their loved one. However, following discussions with the registered manager, the care package was cancelled and the relative had to find an alternative method of providing care and support for their mother. We did not see what actions the service was taking to ensure that the relevant supervisory bodies were aware of the situation. We spoke to the registered manager about this and they told us that they would contact the local authority with an email to inform them that the care was no longer being provided. This meant that an alternative care package could be put in place.

The registered manager told us that the complaints had usually come to their attention via an email and were investigated by making personal visits to the people involved. The registered manager informed us that they received complaints about missed or late appointments, tasks not being completed as agreed and lack of information sharing. The registered manager had drawn up an action plan addressing the issues raised.

Despite the actions that were undertaken we found that the absence of recording complaints was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was a risk of people's care and treatment being affected negatively.

People spoke positively about the service and said that their care and support needs were met. They told us that staff “listened to me and were sensitive” to their needs. Initial assessments were undertaken before people received care. The assessment established what specific personal care and support needs the person had and incorporated risk assessments and risk management guidelines. This was supported by completed assessments and confirmed through discussions with people and their relatives. A personalised care plan was then developed, with the involvement and agreement of the person. The care plans held personal details about each person, for example, family life and details of significant relationships, friends and relatives.

We looked at care plans of six people and saw that they were personalised. They contained information on people's needs and preferences. We saw that most care plans appropriately demonstrated how people were to be cared for, contained contact details of health professionals, included important details regarding medication and equipment used for personal care such as stoma bags, pads and hoists. The care plans were supported by daily notes which were consistent with the information shown in the care plans.

# Is the service well-led?

## Our findings

The service was managed by the owner of the registered provider and the registered manager. Staff praised the registered manager and told us that “she is very good, gets involved.” One staff member told us “she knows her job and does it well. We all get on with her.” People told us that there was always someone available in the office when they phoned and that the registered manager was “very caring and helpful.” We spoke with the registered manager and they told us that “the service is growing, we are looking for staff all the time and new referrals.” They told us that there was an informal approach to managing the service and that “my staff have respect for me and I am always on call for people and relatives, twenty four hours a day.”

However, there was a lack of appropriate staff recruitment and staff support mechanisms. We discussed these concerns with the registered manager and they recognised that the service had shortfalls that needed improving. There was not a system for the transfer of records from people’s homes to the service office to ensure that all records were complete from the start to the end of the service. Some records in the office were not updated. The registered manager said they would take steps to update all records in the office, so that they were consistent with the care records in people’s homes.

We noted that there were action plans in place in response to any concerns which included “regular staff meeting being held” and “working closely with the CCG to inform them of any changes to care plans whether it is a one-off or a long term change.” We looked for evidence that staff meetings were taking place, however, since the registration of the service in May 2014, there had only been two staff meetings. We saw minutes of these and they covered a number of topics which helped to support staff. We were informed by the registered manager that “it was difficult getting staff into the office for meetings”. This meant that despite forming part of their action plan to address concerns raised, there were no further dates set for team meetings. We made a recommendation that formal team

meetings are held and recorded more frequently, in addition to more regular supervision of staff that was in line with their supervision policy, so that staff were supported and had opportunities to discuss aspects of their work.

We were also informed by the registered manager that there was a recent disciplinary case against a former employee who was dismissed. We looked at their file and saw that there was no record of a written or verbal warning or letter from human resources confirming the termination of their employment.

The manager described to us the various quality assurance audits they carried out, in order to identify any shortfalls in the services provided. They included regular environmental and health and safety checks and annual client satisfaction questionnaires. These were sent out to gather the views and experiences of people who received a service from Abel Care and we saw that positive feedback had been received following the most recent survey. However there was not a system for responding to feedback and improving the service. The registered manager told us that they would carry out further spot checks and surveys, including telephone interviews. They told us that they would occur every six months.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we asked to look at staff rotas and timetables to see what processes were in place to ensure that the service was running effectively. However, we were told that all rotas were stored on staff’s personal smart phone devices via social media applications. We asked staff if they found this useful and they told us “yes, it means I can get the information immediately on my phone.” There were no notices or rotas printed out in the office indicating where staff were. However, we saw that there was an online system which contained information on schedules for each staff member. We also saw that staff were required to log in to the system remotely when they commenced care and support in people’s homes, so that the manager and office staff would know that they were where they were scheduled to be.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>Not all risk assessments were in place</b></p> <p><b>Regulation 12 (1) (2) (a) (b)</b></p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p><b>Staff were not supported with regular supervision, support or annual appraisal</b></p> <p><b>Regulation 18 (1) (2) (a)</b></p>

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p><b>Complaints were not being responded to which affected people's care and treatment</b></p> <p><b>Regulation 16 (1)</b></p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Action we have told the provider to take

**Effective monitoring and improvement of the quality of the services provided, including the quality of the experience of people receiving those services were not taking place**

**The provider did not maintain appropriate records relating to persons employed.**

**Regulation 17(1), and (2)(a) and (d)**